

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40570A

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5590 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL (near Subville)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL (NEAR GRUBVILLE)</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Subville, mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Subville, mo</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN</u>	b. (Middle) <u>RUDOLPH</u>	c. (Last) <u>LIENHARD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 30, 1948</u>
-------------------------------------	------------------------	----------------------------	---------------------------	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN. 26, 1860</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 24 HRS. Months <u>11</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u>4</u> Min.
-----------------	---------------------------	---	---------------------------------------	---	---	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHOE CORBLER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SELF</u>	11. BIRTHPLACE (State or foreign country) <u>SWITZERLAND</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	--	--

13a. FATHER'S NAME <u>RUDOLPH LIENHARD</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>DECEASED (LOUISE KATHERINE LIENHARD)</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>BERTHA HOPPE, Subville, Mo.</u>	ADDRESS <u>WIEHAYD</u>
---	-------------------------------	--	------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		18. INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Robert Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		years <u>years</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
---	--	----------------------------------

22. I hereby certify that I attended the deceased from Dec 26, 1948, to Dec 30, 1948 that I last saw the deceased alive on Dec 29, 1948, and that death occurred 8:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. H. Briegeb, M.D.</u> (Degree or title)	23b. ADDRESS <u>St. Clair, Missouri</u>	23c. DATE SIGNED _____
---	---	------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-1-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW</u>	24d. LOCATION (City, town, or county) (State) <u>GRUBVILLE, MO</u>
---	-------------------------	--	--

DATE REC'D BY LOCAL REG. _____	REGISTRAR'S SIGNATURE <u>Mrs Kathleen Mosden</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Casey + Lenox</u> ADDRESS <u>St Clair, mo</u>
--------------------------------	--	---

H.S. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

FEB 24 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

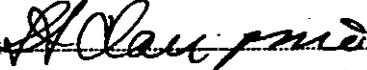
Student
Student Embalmer

Signed



Licensed Embalmer No. 4520

P. O. Address



Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE DIVISION OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1958 File No. 405701

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5590 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) Stribouille Mo	

3. NAME OF DECEASED a. (First) John b. (Middle) R c. (Last) Lienhard		4. DATE OF DEATH (Month) (Day) (Year) Dec 3 1948	
5. SEX m	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Self	8. DATE OF BIRTH Jan 26, 1860
9. AGE (In years) 88		10. BIRTHPLACE (State or foreign country) Switzerland	
10a. USUAL OCCUPATION (Give kind of work during most of working life, or if retired) Shoe counter		10b. KIND OF BUSINESS OR INDUSTRY	
11. CITIZEN OF WHAT COUNTRY?		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	13c. NAME OF HUSBAND OR WIFE
--------------------	---------------------------	------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS
--	-------------------------	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		ANTECEDENT CAUSES			
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity (if any) giving rise to the above cause (a) during the underlying cause last.		DUE TO (a)	
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C.F. Breguet MD	23b. ADDRESS St Clair Mo	23c. DATE SIGNED
--	--------------------------	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 1-1-49	24c. NAME OF CEMETERY OR CREMATORY Fannin	24d. LOCATION (City, town, or county) (State) Stribouille
---	------------------	---	---

DATE REC'D BY LOCAL REG. Feb 25, 1953	REGISTRAR'S SIGNATURE Kathleen Marsden	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carey & Leroy, St Clair
---------------------------------------	--	--

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTAL

